The Cochin Medical Relief Bill.

Dr. A. R. Menon.—I beg to move that the Cochin Medical Relief Bill be read in Council.

Mr. K. S. Rama Ayyar.—I beg to second it.

Dr. A. R. Menon.—Sir, I think only when there is opposition that I am to speak on the principles of the Bill.

President.—When the Bill is moved and seconded, the Council proceeds with the discussion of the Bill. Of course, you have the right to discuss, and you have to speak on the principles of the Bill.

Dr. A. R. Menon.—Mr. President, in addressing this House to-day, I feel myself unusually nervous, because I feel the strain of anxiety in presenting a strong and good case in a proper manner. There is an atmosphere of strain in this House which has not been noticed before. Because it is an open secret that both the parties for and against the Bill have begun actively canvassing without understanding the merits of the Bill. (*Cries of "No" "No".*)

President.—No canvassing.

Dr. A. R. Menon.—Take it for what it is worth. But what I would request the House is that it must keep an open mind, and the mere fact that a new doctrine is preached to it should not constitute a ground for opposition against any measure. The House can materially help me in explaining the principles of this Bill, if it would listen to me patiently and quietly and limit its interruptions, as far as it possibly can. I, on my part, shall undertake to present the Bill. The principle of this Bill—the principle underlying this Bill,—is put in as concisely and as clearly as is consistent with the clearness of exposition of the principle. The principle of this Bill is the introduction of the voluntary system in the working of the State Hospitals. This is not a novel principle. This is a principle that is obtaining all the world over, including several countries in Asia, and also it has advanced to a very great extent in certain parts of India, for example in Bombay. In the city of Bombay this system has made such strides that practically almost all the big hospitals are entertaining honorary staff in preference to paid ones. This method is being adopted in the Presidency of Madras. Within the last one year there were advertisements asking for qualified medical men for 6 posts; two for the General Hospital, one for Royapetta, one for Royapuram, one for the eye department, and one for the lunatic department.

(*The Member then quoted an extract from the answer given by Dr. Mallayya, the Minister in charge of this department, to a question put in the Madras Council.*)

That was the answer given, I think, a fortnight ago, by a responsible member in charge of this portfolio for the Govern-

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ment of Madras. Not only that, for various modifications have been effected even in Mysore in the principle I am referring to here. The same has been introduced lately here by our Government, and I fail to see why the Government, which is willing to take up this idea, and which is willing to appreciate the voluntary system, should come forward to offer opposition; that is, if they intend to offer any. Sir, in a matter like this the casting of one or two votes which will decide the fate of the Bill must be on its relative merits; and the importance of this Bill can only be understood and appreciated properly by proper discussion. I may say for the information of this House that, on a discussion of this question in all its bearings in the Special Finance Committee, the members of the Committee including the Chief Medical Officer himself accepted the principle of this proposition. The majority of the Committee are for having the system introduced; not one opposed. The majority have supported it. Among the Government members, while Dr. Puduval opposed, Dr. Rao whole-heartedly supported it.

Mr. C. A. Ouseph.—Are not the proceedings of the Finance Committee confidential?

Dr. A. R. Menon.—The Member for Chalakkudi himself had expressed his opinion that the application of this principle must be made wider.

Mr. C. A. Ouseph.—I have never said that.

President.—So a discussion on this subject has taken place in the Finance Committee?

Dr. A. R. Menon.—That is to say, a resolution was moved, and we gave directions to the Committee that this must be embodied in a report addressed to the Government. I challenge Hon'ble Members sitting there, who may differ, to deny this statement. I shall take silence as consent.

Now, what is this principle? The principle of this voluntary system is that in all countries where it is recognised the duty of looking after the sick, especially the poor sick, is the duty of the Government. They have also found out that paying the doctors is rather too burdensome, too heavy a burden upon the shoulders of the Government, and, therefore, they resorted to this voluntary system. When we discuss this question of voluntary principle, there are three parties to be considered—the public, i. e., the Government for the time being considered a representative of the public, being also the person who holds the strings of the purse; secondly, the patients and lastly, the medical men. These are the three people to be considered. Let me dismiss for the present what should be the attitude that I would expect the Government to take.

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Now, if a man comes forward with a novel idea, he is expected to show four things. He must prove to the Government what he conceives to be important. At least as a basis for discussion he must show the Government that he is an advocate for the improvement in the present method. The second point is he is to show the Government that, supposing they agree to this change, and if it comes to a standstill, or if it is to be a failure, later on the Government will be able to fall back upon their old system. The next question is how far this system will affect the vested interests of those who are in the service. Certainly, it is the duty of the Government to see that their services should not be made to suffer by any novel changes; that is the third principle. The fourth is whether there is any reduction in expenditure and the corresponding power to spend money in other departments. If I can prove that it will not affect a single pie in expenditure, a single day of service of those who are already in the service, if I can show by all reasonable arguments that the method advocated by this Bill is an improvement to the present system, and if I can also show that by the introduction of this Bill independent medical practitioners are going to gain much, and last, but by no means least, if I can prove that the public will be better looked after, better cared for, then, I submit that I have made out a case, and I hope, if I succeed in doing so the Government will lend its support to this Bill. I shall rush over all these four points.

I shall show how this does not affect the present medical men. This Bill was not drawn up by myself. I am indebted to my Hon'ble friend, the representative of the landlords, in drawing up this Bill, because, as you are aware, I cannot be expected to know much in the way of drawing up of Bills. Now, what I pointed out in the explanation was not clear, but the Bill consists of clauses which may not be correct, and so the explanation must wait till the clauses of the Bill are properly discussed in the Council. Further, an idea has got abroad that, if this Bill is introduced and passed, all the members in the Government medical service will be dismissed automatically. Nothing is farther from the truth. What we propose is this. If you accept this Bill, we will recommend to you the introduction of a good number of honorary medical men along with those who are already brought into the service. The result will be that a man who is getting Rs. 300 in 30 days will have to work only for 20 days in a month for the same salary, and I address this question to the Chief Medical and Sanitary Officer who, I suppose, speaks for the Government. Is it vexatious that they, who are working now for 30 days, should be asked only to work for 20 days in a month? I would also like to get an answer from the Government. This

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Bill, further, does not reduce the number of Government officials. It certainly puts an end to the taking of any more fresh recruits. What is the object of this Bill? The object is this, that the Government will keep a watch over the working of this system for a period of 10 to 15 years. 15 years' observation, I think, is ample time to decide whether this system is going to work or not. Take the other case. Suppose it is not working. The Government may come and say that this is a very good Bill, and that this would work out properly. Suppose it does not work out, are we not responsible to the public? Can we gamble upon a matter like this? Certainly, I see no answer. Now, as I just now observed, a man who is expected to do 30 days' work is to work only for 20 days. As soon as you appoint honorary men, you get 10 days free. If he is incompetent to do it, or if the system does not succeed, send away the man, and carry on the work as before. Will the Chief Medical Officer give me a reason to prove that this Bill is vexatious to those already in the service? I shall be the last man to do anything to the men in the service. No one knows the miserable plight to which the members of this ancient and learned profession have been reduced. Therefore, the mere conception that this Bill is against the interests of those who are in the service is absolutely wrong. That is the cardinal fact that I want this House to grapple with, because those who are against this Bill have been going about and saying that the passing of this Bill means the finishing of all those who are already in the service. There is nothing of the kind, gentlemen, and the section which deals with the way in which it is going to improve the public benefit I will tell you. In a hospital you have got a body of men who are paid—I do not mean any offence but I am simply making a statement of facts, a statement of facts which all of us observe in the world. If a man is insured of his career, if he is paid a proper salary, that tendency, that incentive, to work, that spirit of competition, will be lacking in him. You may ask what is the use of competition? The efficiency of all professions depends upon competition. You cannot stay, for you must proceed and progress, or you must decay and die Therefore, if this system will induce competition in men of the medical profession, that itself is a great achievement and a great benefit to the public, for a body of able and efficient medical men may be a blessing to ignorant men and will be a great relief to those who are interested in the subject. Now, if this Bill can give medical men facilities to improve the manner in which medical treatment is given at present and to improve their studies and their chance

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of living, and if the Bill can remove the discontent that is raging in the minds of those medical people, then, I submit you have gone a long way in doing some benefit to the public. Now, Sir, a gentleman, a man who is greater than any of us in this House, some 12 years ago, made an observation. I refer to no less a person than the late Dr. T. M. Nayar.

(*The Member then quoted a portion from Dr. Nayar's speech.*)

This remains true even to-day. We do not boast to be a body of angels anxious to do public good. Nothing is farther from it. By getting this chance of enlarging our experience—which we can do only if there are materials, and this material we can only get in a hospital—we will be more efficient, and the more we are efficient, the more we are useful to the public; the more useful we are to the public, the better off we are. That is the fundamental principle of this honorary system, so far as the medical men are concerned. Now, I shall briefly say it is a fact that the Government as well as the House is not aware that our Government spends more—somewhere nearly 40 per cent—than in Mysore and Travancore for medical relief. I have been asked by the Finance Committee to go into the question of hospitals and also to inspect the hospitals and submit reports of the needs and requirements of the various institutions. I had the privilege to go to the Ernakulam Hospital, and I agree with many of the recommendations of the Chief Medical Officer which will involve an expenditure of more than a lakh of rupees. The matter does not stop here. We had been to the Trichur Hospital and various other hospitals to inspect and the Hon'ble Member for Mulakunnattukavu also was with us. And you will find that in many places improvements have to be effected; in one place the operation theatre is nothing more than a bath-room, and during the time of Mr. Bhore he has recorded that a new operation theatre has to be built forthwith. Now, after nearly 10 years, nothing has been done. The same history will repeat itself in all the institutions. That means the Government must find out money for these purposes, whether they accept this Bill or not.

They must find out means to meet the demands of these various institutions, and if they are not prepared to do it, it is only charitable to consider that they should close down those institutions.

The matter does not stop there. In the report submitted there was a requisition for 10 more doctors. Do you know, gentlemen, that you are committing a criminal offence? According to English Law you are committing a criminal offence, you are liable to be prosecuted, you are liable to penal punishment, be-

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cause in many of your hospitals chloroform is administered by unqualified men. According to British rules, a man should not only be a qualified man, but he should be a registered medical practitioner to give chloroform. We have taken down statements from these hospitals to show that chloroform is being administered by the compounder! Not only that. During the time when these people are asked to attend courts to give evidence, the Hospital is in the charge of the compounder *for one whole day*! I am not criticising these actions. What I want the House to realize is that there is such a shortage of men that you must meet the necessary demands.

Then, the question arises, "How are you going to meet the demands". Further, the Chief Medical and Sanitary Officer has expressed more than once in this Council that he is in need of nurses, that he is in need of attendants, that he is in need of midwives, and those statements are absolutely true.

Now, you must find out the means to comply with these requisitions. How are you going to find them out? Are you suffering from a plethora of money? We heard last year that there was even an attempt to reduce the one anna three pies' allowance that is given to some of the patients in the hospitals. Now, you require another 5 to 6 thousand rupees to meet the demand. I suppose, by your financial condition, you would not get the means. What we say is, meet all these demands, take new medical men, introduce the honorary system—mind—without any payment. Medical men think they are going to be benefited. Yes. We are going to be benefited. We do not deny that. But the public are going to be benefited. The Government are going to be benefited. If all the parties are going to be benefited, then, I submit the Government should forget the selfish interest of half a dozen officers. I had occasion to remark in this Council that the Diwan of this State should not consider himself as only the President of this Council. He is the Head of the whole State, and it is his duty to consider not only the interests of the officials but also that of the non-officials and of those people whose destiny has been, for the time being, entrusted to his care.

Now, Sir, what happens? You may ask why it is that we have been fighting for these crumbs that have been thrown out of the official table and refused. I will tell you. Those who follow the medical profession generally confine themselves to that profession. She is a jealous mistress, and he who wins and takes her must stick to her and should not flirt with any other branches of learning. The result has been that medical

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men, as a class, are kept aloof from public affairs and political matters are confined to their own profession. In a world where speech-making and talkative people get everything, silent people get nothing (*Laughter*). The result has been that this profession which once occupied a position equal to that of the lawyer or that of any other profession has gradually come down in this world, and to-day there is no poorer man and no more miserable creature than the medical man who has not got a hospital to work.

President.—But it is only the crying child that gets the milk, so that the truth of the statement is not confined to the Hospitals.

Dr. A. R. Menon.—It applies especially to this branch. We are not good speakers—we never interfere in these matters as a class.

Now, to what condition have they been reduced? I shall just quote an example. Lately, in the Cochin Government Gazette, there was an announcement establishing Rural Dispensaries. One was in that healthy place near the Kutiran (*Laughter*), and the magnificent sum of over Rs. 25-8-0 or Rs. 26 per month was allotted as the pay of the officer in charge!

President.—But you were not quite right in saying that it is at Kutiran. It is at Pattikkad.

Diwan Bahadur Dr. V. Verghese.—Rs. 360 and medicines to the value of Rs. 240 per year, Sir.

Dr. A. R. Menon.—Very well, Sir. I shall take your statement. What practice can be expected at Pattikkad? If men go to a place like Pattikkad, in a year, you cannot expect private practice for more than Rs. 30.

I ask, is it right, is it reasonable that we should pay this exorbitant sum in the town to persons who can command good practice? Can you not conceive of a man who would rather prefer to work for nothing in the town than go to a place like Pattikkad for Rs. 30? Therefore, the talk that there will not be people to take up this place is beside the mark. As a matter of fact, I have already given you a sheet of paper in which there were 26 names. Four more have joined. Take the qualifications in whichever way you like, in whatever angle of vision, and you will find they are a class of good men. There are Madras University qualified men, there are men who had experience in places like Manchester, there are men who are equal to the Government people in many respects. Now, they do not work for any payment. All they ask is that they must be allowed the privilege of working along with those who are paid by the Government, so that they may get a little chance to improve their knowledge, and improvement of knowledge means

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improvement of their position in life. Now, I ask, is it a sin? Is it the opinion of the Government that, by honest work, nobody should improve knowledge? If it is so, then, of course, this Bill has no chance in this House. If you agree that every one has a right to improve his own position by honest work, by exertion, and without involving any additional expenditure to the Government, then, I submit it is the duty of the Government not to put any obstacles in the way.

Now, Sir, there is only one point more which I wish to bring to your kind notice. Should we not improve the condition of these people? In all the Hospitals where the voluntary system obtains, and where men are working independently of one another, day in and day out, competition is going on. The public will not be slow to find out which doctor is efficient, which doctor is courteous, which doctor is kindly and more clever. The more men he gets in the Hospital the greater the income, the greater the practice he can get out of it.

Now, Sir, is it a sin that you attract patients to your side by your ability, by your knowledge and by your courtesy? In a paid Hospital what happens is this. In all the Hospitals there is one man higher than others. All the others are below him, and the credit or discredit must go to this single man. Here that spirit of competition, that spirit of humiliation is wanting in all these institutions, with the result that even the spirit of loyalty is wanting in these institutions. Therefore, if you introduce this voluntary system, there will be a spirit of competition among the doctors, and the greater the competition among them, the greater the benefit to the public, and as I said just now, the greater will be the benefit to ourselves. I want you always to realise that this Bill is not an unselfish one; there is an element of selfishness—honourable selfishness, if there is such a thing as honourable selfishness. There is no action in this world which is not the result of selfishness, but there is a degree for all these. I submit the degree of selfishness in this proposal is of the mildest form. These are the various ways in which this Bill is going to help the medical men, the public, the Government and also the financial condition of the Government.

Let me give you one more example of this. In the Ophthalmic Hospitals, the Government said the other day, there is a growing need for another hand. I entirely endorse that view. There is need for one Sub-Assistant Surgeon. Suppose I give you a man who has been for five years in one of the best firms in the world and who is an expert for the eye department—a very clever man to work in your institution for *nothing*—will you raise any objection? I want the Government speaker to note

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that point also, and let us know what the *grave* objection is for appointmenting a man without any salary! The only question that has been raised is that it will upset discipline. Now, the term "discipline" is a very wide and elastic term, and I do not want to enter into its definition. Now, are you sure that all your offices are under strict discipline? Do you remember that questions have been put here about it? I do not blame anybody, because, whatever you may advise, it depends on the man who works the voluntary system and it also depends upon human nature. Therefore, it is a wrong thing to say that, because this system or that system, is followed, it is conducive to the upsetting of discipline. Certainly, in those places where this principle is worked, the most stern discipline is enforced, and no one will be able to find out the least flaw in such institutions. If it is so, why is it that it will be a failure here? If this system is very good for civilised countries, do you say that this is not a civilised country? Then, what is your business to have a Legislative Council here? The Legislative Council is a sign of a civilised form of government. You copied it from other civilised people. If you can copy our Legislative Council from other countries without affecting the prestige, powers and privileges of His Highness the Maharaja and the Government, surely, you can copy out this principle without affecting the prestige, status, power and position of the Chief Medical Officer and his subordinates. It may be said that in the Government of Madras—I am anticipating all oppositions—when this Bill was introduced, the Surgeon-General opposed it, though some Surgeons strongly supported it.

It has to be said that the only solution for the future welfare of this country is the introduction of the honorary system. Therefore, the House should not be guided by the opposition of this man or that man. I can give you any number of cases in support of my view. The other side may be able to quote many opinions in various quarters. What I want is you should forget all personalities in this question, consider the merits of the question and come to a decision—feasible or unfeasible it does not matter—in accordance with the dictates of your own conscience. If you are satisfied that the introduction of this system is likely to cause grave hardship to the people, then, you should certainly vote against this Bill. If you think that the passing of this Bill is not likely to improve present conditions, even then, I say, you must give us a chance to work. Only in case you are satisfied that the passing of this Bill would be ruinous to the Hospital-going population, will be injurious to the interests of the Gov-

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ernment, will be injurious to the public interests, then only, you are entitled to oppose this Bill. Otherwise it is your duty to render as much help as you possibly can to a body of men who, in spite of their faults, have done good to the public. Therefore, I request the House to consider the various aspects of the question, and I shall be very happy to listen to any speech in this House, and my answer shall meet all the objections raised by any Member in this House.

Mr. K. S. Rama Ayyar.—Sir, the Bill is only a sign of the times, and it is no matter for surprise that it has come. It is really gratifying that the advent of this Bill clearly indicates that our little State is marching onward. And the Member for Irinjalakkuda deserves the congratulation of the House for having brought it.

Now, let us see what the Bill aims at. It simply suggests that the charitable institutions for medical relief should be placed under popular management, nothing more. What is strange in this? It is really one of the functions of the Municipality, and it is recognised to be so almost everywhere. And I only wonder why the Government did not think of this measure before? In all Municipal areas the food supply, water supply, milk supply, sanitation, education, medical relief and such other things are left to popular management. Such an arrangement gives immense relief to the Government and much consolation to the people. In our State we have local bodies such as Municipalities and Village Panchayats which are governed by laws made by the Government, and which are intended to take upon themselves these responsibilities and discharge these functions. They have been in existence for the past so many years, and have been doing the duties entrusted to them as properly as they do anywhere else. But it cannot but be said that these bodies have been found to be very slow in the matter of asking for more and more work, and the Government have been found to be slower still in delegating their responsibilities to these bodies. I mean no offence. Slow progress and slow decisions have their own merits. In the matter of entrusting local bodies with more duties, the reason for the delays, as I have understood it from men responsible for it, is that they wait for pressure from the people themselves so that they may be sure that they are ready and willing to take up the duties, and once they take them up, they will earnestly discharge them. They never wanted to thrust such duties on the people before they were ready. That is administrative wisdom, and credit must be given to it.

But now, Sir, in the matter of medical relief a pressure has

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come and that in the most agreeable manner possible. The Bill suggests that medical relief might be placed under the management of a body of Governors half of whom shall be nominated by the Government, and half shall be elected—a most reasonable provision for the Government to accept at this initial stage. Then, the Bill does not ask that the whole control should be left to the Board. The provision that the rules made by the Board should all be subject to the approval of the Government, and the provision that the Government may authorise its Chief Medical Officer to inspect and report upon the working of any institution under the management of a Board constituted under this Bill, all tend to show the extremely sober nature of the provisions and the principles involved, and it is believed that no loophole can be found for any reasonable opposition.

The way in which the Bill is made as comprehensive as possible to provide scope for the admission of systems of medicine other than Allopathy is also commendable.

The broadness of spirit displayed in making provision for honorary workers to do service to the suffering poor indicates the humanitarian motives underlying the Bill, and is worthy of deep consideration.

I do not intend to say anything about the merits or demerits of the present administration of the Hospitals in the State. My point is the management of medical relief in areas where there are Municipalities or such other local bodies should be left to these bodies, as this is one of their legitimate functions. And as such a delegation of management is now asked for by this Bill, I say that our Government, composed as it is now of men of ripe experience and sound views, should readily and without a syllable of demur agree to it and grant it. It is such a nice measure, and I, therefore, heartily support it.

Mr. C. Achyuta Menon.—Sir, I am sorry to find myself unable to support the Bill introduced by my friend, the Member for Irinjalakkuda. What the Bill aims at may be a counsel of perfection, but, in the present circumstances of our State, it is not practical politics. The General Hospital at Ernakulam and the Civil Hospital at Trichur are the two most important medical institutions in the State, and are generally acknowledged to be well-equipped, well-staffed and well-conducted. The Bill seeks to impose a statutary obligation on the Government to hand over to an untried agency, not some minor institutions as an experimental measure, but the two largest and most important of them at one stroke and *in perpetuam*. This is at best, a leap in the dark, and I, for one, am not prepared to perform

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that daring feat without more light being thrown in the way.

In the statement of objects and reasons, the mover of the Bill has given a catalogue of reasons which, in his opinion, not only justifies but actually necessitates the great innovation advocated by him. To arrive at the root of the question, it is incumbent upon us carefully to examine these reasons *seriatim*. The first reason given by him is that the present system of administering medical relief in the State sacrifices the interests of the poor for the sake of the rich. This appears to me to be of the nature of those *obiter dicta* which arm-chair politicians are fond of indulging in, in utter disregard of actualities. For more years than I like to recall, I have been an inveterate hospital visitor, probably, because I have all my life been in indifferent health. The Chief Medical Officer and the Trichur Civil Surgeon will bear me out, when I say that, almost every time that I go to Ernakulam, I visit the General Hospital, and that, when at Trichur, I visit the Civil Hospital at least twice in a month. When I was younger and stronger, I had visited several times every one of our Hospitals and Dispensaries then in existence. From the observations and enquiries that I have made in these institutions, I have arrived at the deliberate conclusion that our Medical Department has all along sacrificed the interests of the rich for the sake of the poor. If any of the members of this House care to make similar enquiries, they will, I am sure, be satisfied that at least 90 per cent of our in-patients belong to the poorest classes and about 9 per cent to the lower middle class, while only 1 per cent, if as much, belongs to the upper middle classes, and none at all to the wealthy class, and that the proportions of out-patients of the several classes are somewhat similar, though not exactly the same.

President.—Is it not due to the fact, Mr. Achyuta Menon, that the rich are in a position to call doctors to their houses?

Mr. C. Achyuta Menon.—I quite agree to that. That is not the point. The mover of the Bill says that the Medical Department has been more for the sake of the rich than in the interests of the poor. It is quite the other way. I do not care for the rich being cared for.

Mr. S. F. Nunez.—Does the mover say that?

Mr. C. Achyuta Menon.—Yes, in his objects and reasons. I see he has only written that, not said that, (*Laughter*) and that is more deliberate, I suppose.

In all the chief Hospitals in India, and much more, in those of European countries, there is provision made for paying pa-

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tients in the interests of the richer classes, but this provision is conspicuous by its absence in our State, except in the case of the Women and Children's Hospital in Mattancheri where, thanks to the benevolent enterprise of the Lady Doctor, Mrs. Kholoff, and the liberal benefactions of Srimati Hora Bai and others, a substantial beginning has been made in this direction. Thus our medical institutions, far from serving the interests of the rich, are maintained almost exclusively for the benefit of the poor to whom they serve not only as asylums for medical relief but also, to some extent, as poorhouses. The latter is specially the case in regard to maternity wards which are resorted to by poor women, not so much for safe delivery and proper treatment, as for the free and the nourishing food that they can obtain there at a time when they are unable to feed themselves by their labour.

The second reason given by the mover is that our public Hospitals have been converted into nursing homes for the rich. This, however, is not an additional reason, but only a rhetorical repetition of the first reason. I have never heard, much less personally known, of rich men being admitted to our Hospitals at the expense of the poor or of rich men being accorded exceptional treatment. I have myself tried more than once to secure admission and special treatment to well-to-do patients in the Trichur Hospital, but without success, though the Medical Officers in charge of that Hospital have invariably been personal friends of mine, over whom I flattered myself I had considerable influence. To give only one instance of the kind. A near relative of mine—my brother-in-law—broke his arm by a fall at some distance from his house, and was taken at once to the Hospital by some people thereabouts. His arm was set by the time I heard of the accident and went to the Hospital. I wanted him to be kept in the Hospital for a few days, but the Civil Surgeon advised me otherwise, as he could not possibly accommodate him in a separate room, and could only herd him with a dozen poor patients in the Common Ward. I had, therefore, reluctantly to remove him from the Hospital, and with fatal result. I could give other instances of a similar nature, but I have singled this out for special mention as being one well-known to the mover of the Bill himself, as this patient was placed under his treatment after his removal from the Hospital. This shows how diametrically at variance my experience has been from the *ex cathedra* pronouncements of my friend. If, however, his experience has been otherwise, I shall be glad to be favoured with a few concrete cases in which our Hospitals have pandered to the rich at the expense of the poor.

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Dr. A. R. Menon.—Certainly, very many cases.

Mr. C. Achyuta Menon.—Very glad to hear that.

This will enable me not only to reconsider my friendly relations with the Medical Officers concerned but also to complain to the Diwan about the scant courtesy and the consideration shown to me by my pretended friends.

This want of provision for paying patients is a great drawback of our otherwise excellent Hospitals, a drawback about which I have always felt very strongly. Such a provision would be a source not only of great comfort and convenience to the well-to-do classes but also of profit to the Government. I have, in my humble way, tried to remedy this defect more than once, but, unfortunately, without success. On one occasion I went to the length of addressing in my personal capacity a circular letter to a number of leading men in the State inviting their opinions on the subject. Their response being unanimously in favour of such a provision, I placed the matter before the Diwan who forwarded them to the then Chief Medical Officer for opinion. The proposal met with a douche of cold water at his hands, and was dropped. To be told in this year of grace after such a life-long experience that our Hospitals are simply nursing homes for the rich, and that for their sake the interests of the poor are sacrificed, makes me rub my eyes and ask "Stands the world where it did?"

The next reason given by the mover of the Bill is that the salaried officers of the department have no inducement to improve their medical efficiency. This is a fair, and reasonable assumption, at least in theory, provided, first, that the salaried officers are not allowed to take up private practice, and, secondly that they have not to face the competition of highly qualified private practitioners. As you all know, neither of these conditions now exists. Salaried officers are not prohibited from taking private practice. They desire, and they work for it as strenuously as private practitioners, and the income of most of them from this source considerably exceeds their salaries. Further, there are, especially in Ernakulam and in Trichur, a number of private medical practitioners to compete with them, men with the highest to the lowest qualifications. Such being the case, salaried officers have as much inducement as private practitioners to improve their medical efficiency, both equally aiming at winning the confidence of the paying public, the public that do not generally resort to our Hospitals. Theoretical considerations apart, what do we find in actual practice? Is it your experience that the private medical practitioners in our midst are more up-to-date in their knowledge of medicine

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and surgery than salaried officers of the department? May I ask, without meaning the least offence, how many among our private practitioners regularly read *the Lancet* or *the British Medical Journal*, and how many subscribe for *the Medical Annual*, in which are explained the latest developments in medicine and surgery in elaborate detail? I may be wrong, but I am under the impression that there are very few, if any, among them who do it. It is with considerable reluctance that I have ventured to urge these considerations, as personal susceptibilities are involved in them, and comparisons are proverbially odious. My chief excuse is that we are dealing with the subject of medicine and surgery. It is not the primary concern of the physician to make his mixtures palatable nor is it that of the surgeon to make his knife painless.

The next point urged by the mover is that the present system of medical administration involves unnecessary expenditure of public funds. I do not admit that there has hitherto been any unnecessary expenditure of public funds in connection with our medical administration, but I do admit the practicability of effecting savings by the entertainment of the services of honorary physicians and surgeons. There is, however, nothing to prevent the introduction of the honorary system in Hospitals under Government management, if public spirited medical practitioners are forthcoming to offer their services, and I, for one, would strongly urge the Government to introduce and gradually extend the system, and *pari passu* reduce the strength of the paid staff to an irreducible minimum.

Dr. A. R. Menon.—That is all that I want.

Mr. C. Achyuta Menon.—With that I quite agree.

Madras has made a beginning and Bombay and Calcutta have gone far, in utilising the services of honorary physicians and surgeons. This can be done without legislation and without the risky experiments of handing over our Hospitals to a body of amateurs for management.

Dr A. R. Menon.—How can you do that without legislation? In Madras, Bombay and Calcutta there is legislation. Please read Standing Order 16 of Departmental Rules.

Mr. C. Achyuta Menon.—The Standing Order can be changed at any time. No legislation at all is necessary for introducing the honorary system.

The last ground assigned by the mover is that the present administration of the Hospitals is wanting in efficiency, implying that the arrangements that the Bill seeks to bring about will make it more efficient. No responsible public man has, to my

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knowledge, taken up such a position. Non-official or popular management of institutions is advocated, not on the ground of greater efficiency, but on the ground that it is desirable in itself. That is the principle underlying the famous dictum of Sir Henry Campbell-Bannerman, that good government is no substitute for self-government. Here, on the other hand, is an institution conducted by a paid staff of competent men working under strict official discipline and supervised by an officer of considerable professional and administrative experience, and there, on the other hand, is a similar institution managed by a body of amateurs, many of whom may probably have their own axes to grind, and conducted by an unpaid staff of practitioners whose livelihood depends upon their work elsewhere, and who may at the least provocation snap their fingers at the governing body and treat it one fine morning to a spectacular walk-out, leaving patients in all stages of suffering and weakness to shift for themselves. To anticipate with confidence that the latter will prove more efficient than the former requires a phenomenally optimistic frame of mind which I can cordially envy, but cannot share.

The mover further says that the honorary system advocated in the Bill is the one followed in almost all the civilised countries of the world. This is true to a great extent in England, but not on the Continent, where most of the great Hospitals have paid staff, and are under the control of the Government. Further, there are certain circumstances that stand in the way of the adoption of this system in India. The great Hospitals in England, excepting the military and naval Hospitals, are private institutions which, like our Devaswams, grew up with the growth of England. Like our Devaswams, they were founded and endowed by private individuals developed by the endowments subsequently received, and are now maintained by the income from those endowments and by the subscriptions and donations received from time to time from charitable people. Such institutions naturally attract honorary service, and are bound to be managed by private bodies. The only important Hospitals of the kind in India are, to the best of my knowledge, the Jamsetjee Jeejibhoy and Cama Hospitals in Bombay, and they are managed by private bodies. All our Indian Hospitals, like ours in Cochin, are government institutions, founded at government cost, developed at government cost and maintained at government cost. Such government institutions, whether Hospitals or not, are not handed over to private bodies for management in any of the civilized countries of the world. The origin and history of our Hospitals are quite unlike those of Guy's or St.

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Barthalomew's Hospitals, but are very like those of the great military Hospitals at Woolwich and Aldershot and the great naval Hospitals at Plymouth and Halsar, the last with its 2,000 beds being the largest Hospital in the British Empire. These latter are government institutions founded, maintained and developed at government cost like ours. Would the Government of England dream of handing over these Hospitals to private bodies for management? Are we then to steal a march upon England in this respect, we in whom the spirit of co-operation and team work is still in its embryonic stage?

I hope I have shown that, even on general grounds taken by the mover himself, the measure is, to say the least of it, premature. I do not propose to enter into the details of the Bill. I shall deal with them in the very improbable event of its reaching a further stage.

Diwan Bahadur Dr. V. Verghese.—I am rising not to speak just now on the Bill moved by the Hon'ble Member for Irinjalakkuda. I want only to make a few observations as a result of the speech of the Hon'ble mover. It is with a sigh of relief that I heard his speech, because he has not advanced any arguments to back up the objects and reasons given in this Bill. He has only advocated the appointment of honorary physicians and surgeons in the Hospitals of the State. He has not advanced any special reason about the merits of the Bill. If the Hon'ble Member would at this stage withdraw his Bill, I may, on the side of the Government, say that the Government will have no objection in appointing a limited number of honorary physicians and surgeons in the Hospitals of the State. If I am not transgressing any official secrecy, I may say it was resolved in the Special Finance Committee to bring the matter to the notice of the Government, namely, of the appointment of the honorary physicians and surgeons in the two Hospitals of the State, and I am sure that it will meet with the sympathy it deserves from the Government. If that is all the assurance wanted, I think we need not go on with the discussions of the merits of the Bill. If the House will give the Hon'ble Member permission to withdraw the Bill, the matter can be closed. Otherwise, we will go on with the Bill.

Dr. A. R. Menon.—I do not want to make a speech. In spite of all the respect I owe to the Hon'ble Member, who is the repository of all kinds of knowledge, I must say that he has missed the point.

Dr. A. G. Menon.—The appointment of the honorary physicians and surgeons is not the sole object of the Bill. This is a fresh Bill for a change in the administration of Hospitals.

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Diwan Bahadur Dr. V. Verghese. – The Hon'ble Member advanced all his arguments only for the appointment of honorary surgeons and physicans, and if that is all that is needed, then, we need not go to the length of discussing the Bill; otherwise, I shall proceed to oppose the Bill.

Mr. S. F. Nunez.—A point of information Sir. May I know whether the Medical Officer is absolutely against the system of local boards or only partially against it ?

President.—The Medical Officer has not come forward with his speech.

Mr. S. F. Nunez.—I just wanted to see whether a compromise could be arrived at.

President.—The Government side has not been presented. We should try to know the various points, and if on any particular point you want any information, of course, it is your duty to ask for it, by putting questions one after another. Now, we shall go on with the discussion. If the Medical Officer has to say anything, he may go on.

Diwan Bahadur Dr. V. Verghese.—It is the irony of circumstances that I have to rise to oppose what purports to be called the Cochin Medical Relief Bill. Under ordinary circumstances, I should be expected to support a Bill for medical relief, if the Bill were intended for the purpose implied in its meritorious name. Looking through the length and breadth of the draft before me, I fail to find any provision therein for medical relief. It is virtually only a Medical Administration Bill. I have no hesitation to oppose it and to assert most emphatically that it presents no claim for consideration of this House, because it involves momentous innovations amounting to revolution of the well-establised mode of Hospital management, so far as experience in India is concerned. The change sought is extremely impracticable in all its details, and its results would be disastrous, and end in the complete disorganisation of the institutions it aims to improve.

Sir, legislation is usually undertaken to codify public opinion or establish good government. This Bill is devoid of the support of public opinion, nor does it possess the merits of good government. For whose benefit, may I ask, is the Bill attempted to be introduced? It is stated here that it is "in the interests of the public". That statement would be true only in case you would concede that the opinion of a member and the opinion of the public are synonymous. I live and move amidst the public of Cochin, and my intercourse with all grades and classes of society is no less intimate than that of the Hon'ble Member, who is the author of this Bill, and I make bold to assert that there is

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not a fragment of public opinion at the back of it, except what has been manufactured. If the people at large knew the provisions of this Bill, they would condemn it in the loudest terms. Echoes of it are being heard already in the public press and elsewhere. Then, for whose benefit, I ask, again, is the Bill sought to be introduced? Sir, it bears on the face of it, unmistakably, the stamp of its being a veiled attempt on the part of a section of the medical profession, now outside the pale of Government service, to obtain, under the guise of improved medical relief, access to and control of the State Hospitals with a view to establish private practice for themselves without subjecting themselves to adequate disciplinary control. This seems to be the dominant force in this Bill.

The Hon'ble Member seeks legislation for a scheme in which the Government has to supply all the funds, and is required to stand aloof, while a body of Governors runs the show. Why? Every department of the Government may be asked to be farmed out in this manner to a body of amateur governors. This is a novel invention of government made easy. Sir, this mode of Hospital management has not been attempted in any part of India. The British Government, whose mode of administration is rightly followed by all of the Indian States, have not attempted it in the vast network of medical institutions established under their control in India. It has not been attempted in any of the progressive Indian States. If it were a feasible proposition and practicable, they should have adopted it long ago. It is incorrect to say it is in vogue in civilised countries. I know of no Hospital in Europe or America controlled by a private agency or quasi-private agency, manned by honorary doctors, and spending all the money required for its maintenance and support from funds supplied from the public coffers of the State. This system is an exotic plant, which is attempted to be implanted in this climate under conditions dissimilar to those which prevail in its native soil. Sir, this would be a unique experiment of its kind in India.

A word of explanation may perhaps be necessary at this stage to clear away the mist that may yet linger in your minds. The question may naturally rise in your minds, if the honorary system adumbrated in this Bill is not the kind which prevails in England, what is the type which is prevalent there? There, the Hospitals are each independent private institutions, unconnected with the Government, founded by private agencies from subscriptions, endowments, and bequests by philanthropic and charitable people, chiefly manned by the honorary doctors. But the doctors, though not paid for the Hospital work, have in

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most cases, collateral teaching work for which they are handsomely paid, because there are Medical Schools attached to all the big Hospitals. But you may ask, we hear of honorary physicians and surgeons being employed in Bombay and Madras. It is a fact; but there they do not ask the Government to hand over the Hospital to themselves or to a private body with freedom to run the show on their own lines. If the object were only the introduction of the same experiment of appointing a few honorary doctors on the staff, there was no necessity for this Bill. A resolution brought into the House would have received from the Government the consideration it deserved. This is, however, a digression; we have to deal with the Bill as it is presented in the House.

Sir, this is an extraordinary measure. It has an attractive and innocent looking name, but the method is revolutionary. The unwary and the simple will fall in, unless it is fully explained and the pitfalls pointed out.

I shall now touch upon the salient features of the Bill, taking first the objects and reasons. Five reasons are arrayed in this draft. They may be categorically characterised as unfounded assertions untenable even at a cursory analysis. To my mind, they cannot be dignified as "reasons", but seem to be mere *pretexts* for a definite purpose in view, as I shall presently convince you.

1. *The sacrifice of the interests of the poor for the sake of the rich.*—To say nothing of the gross uncharity of this statement, I would declare that it is defiant of fact. The progressive and steady increase in the number of persons resorting to the State Hospitals will itself controvert the truth of the statement. I have here the figures of the last four years of the two Hospitals at Ernakulam and Trichur, specially aimed at in this Bill.

I request the House to hear patiently with me and make note of the figures.

Year	Out-patients	In-patients	Daily average
		Ernakulam.	
1098	28,461	3,052	299·02
1099	38,651	3,054	383·00
1100	53,895	3,391	480·97
1101	56,060	3,296	519·60
		Trichur.	
1098	22,497	1,084	157·37
1099	22,433	1,094	175·50
1100	26,632	1,358	128.58
1101	40,350	1,666	306.16

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Do these figures show that the interests of the poor are sacrificed for the rich or, on the other hand, do they not bear witness to the growing popularity of these institutions? Would any one be bold to assert that the increasing numbers who resort to Hospitals are composed of the rich of the land? Did the Hon'ble Member, whom I had the pleasure to take round the General Hospital recently during the working hours, meet with any of the rich of the land among the motley crowd who impeded his steps in the out-patient department or among the 160 and odd in-patients who filled the beds of the Hospital that day? What justification, then, is there for a sweeping statement like this?

Granting for the sake of argument that there is a flaw in the working of the Hospitals, what human institution is free from flaw? May I ask what reason is there to expect that the interests of the poor would be better safeguarded in the hands of the honorary doctors than in those of the salaried officers who are subject to the checks of Government service? It is a strange theory that absence of salary affords immunity to malpractice. Is not the probability the other way? Viewed in point of fact, this statement has no standing; viewed in point of argument, it has less.

2. *Converting public Hospitals into nursing homes for the rich.*

This a travesty of truth. I am afraid the Hon'ble Member has recourse to caricature here in lieu of sound reason. If any dispassionate critic would go round the two Hospitals to-day, I am sure he is not likely to find more than 2 per cent, who may in any sense be styled as rich, that enjoy the benefit of the Hospital. These are admitted in the interests of the patients rather than that of the doctor, for it is well known that doctors would prefer to attend on their patients by visiting them in their homes and be assured of their payments rather than risk them by getting them admitted into Hospitals. State Hospitals are well known to be free institutions maintained from taxes and accessible alike to all. No doctor has the right to refuse admission to any one who may come to the Hospital. If it is, however, considered undesirable to treat well-to-do patients in Hospitals free, the remedy would consist in providing pay wards and charging them for Hospital treatment. This is just what the Hon'ble Member also suggests in the Bill, with the additional demand for legislation for the levy of fees from the Hospitals by the honorary doctors. The Hospitals are not at any rate legalised nursing homes now. The Hon'ble Member wants the State Hos-

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pitals to be converted into legalised nursing homes for the benefit of the honorary doctors offering the bait of working without pay. It needs no description from me to indicate the abuses which this system involves. I would emphatically affirm that this Bill would only perpetuate the evil which is presumed to exist, and which it pretends to remedy.

3. *The salaried officers of the department have no inducement to improve their medical efficiency.*

Time does not permit me to expose the fallacy of the logic of this statement or the flagrant departure from truth involved in it. The history of independent private practitioners in this State or elsewhere would strikingly reveal the melancholy decadence of practice and the slow decline of efficiency of men who began well at the beginning. High class work in the domain of surgery is unheard of among private practitioners. If you wished for consultation in surgery or medicine, do you know of any outstanding names among independent private practitioners? Leave alone Ernakulam and Trichur. Is there any private practitioner in the metropolis of the Madras Presidency with any outstanding reputation?

Dr. A. R. Menon.—Your case is gone.

Diwan Bahadur Dr. V. Verghese.— Would the Hon'ble Member point out to me any private practitioner in Ernakulam or Trichur who has taken steps to improve his efficiency since his qualification? It is not their fault. Attachment to a Hospital is the chief means of improving the efficiency of a medical man. Why not admit that?

Dr. A. R. Menon.—I admit that.

Diwan Bahadur Dr. V. Verghese.—Why not bring forward that as a plea for employment? How adroitly the Hon'ble Member has turned the table? Salary is never known to be an inducement to laziness and inefficiency any more than "no salary" is to deligence and efficiency. If this theory of the Hon'ble Member, that salary is a bar to efficiency, be true, the sooner that principle is applied to our Judges, Professors, and other salaried officers, the better. Sir, this principle is a dangerous and fantastic one; it is easily conceivable that unpaid work is generally shabby and inefficient, as every employer of labour knows. There are many salaried officers of the State who are living reputations of the statement. Viewed in point of fact, the statement is groundless. Viewed in point of argument, it is more.

4. *Unnecessary waste of public funds.*

The insinuation here is evidently levelled against the salary of the Medical Officers. It is, however, not contended that all

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the staff is to be honorary, for there must be a set of Medical Officers to carry out the orders of the honorary doctors, for they cannot be expected to do day and night duty, looking after the sick and attending to emergencies. Therefore, all the subordinate staff of medical men and lady doctors have to be paid. Further, the author of this Bill has perhaps forgotten that there are departments of activities which the Government has imposed on its Medical Officers, besides prescribing for the sick and operating on them—duties quite as onerous and responsible, such as the following.—

(1) *Post mortem* examinations.

(2) Examination and grant of wound certificate in Police cases.

(3) Giving evidence in Magisterial and Sessions Courts.

(4) Attendance on the sick in Jails.

(5) Attendance on Government servants and members of the Royal Family entitled to free medical attendance.

(6) Examination of Government servants for health, sick and invalid certificates.

(7) Work in connection with epidemics, attendance of cholera cases in their homes, etc.

All the duties just enumerated cannot be expected to be performed by honorary doctors free of charge. For these purposes, salaried officers have to be employed by the Government, so that, after all, the saving is only nominal. It is, therefore, evident that economy which seems to be emblazoned on the colours of this Bill is but a camouflage to get control of the State Hospitals.

5. *Inefficiency of the Hospitals.*

It is a waste of energy to refute a fatuous statement against the recognised efficiency of institutions which have been complimented upon by successive Diwans, the Political Agent, Governor, Members of Council, Principal, Medical College, Madras, Physicians and Surgeons of the General Hospital, Madras and numerous other worthies competent to speak on the subject. With such a record at the back of the General Hospital, Ernakulam, I can only say that this statement in this Bill is of a piece with the rest.

I pass on to another important statement made in this draft.

6. *Conditions necessary for the successful working of the honorary system being obtainable in the State.*

This is rather a bold assertion to make in a Bill, because

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the converse is the actual reality. When there is famine in the land, will a statement by a Member in the House that there is plenty alter the situation? The prer equisite of the honorary system is the existence of a body of medical practitioners in the locality, possessing the necessary standard of education, experience and standing, from whom a staff of honorary doctors could be drawn to man the two Hospitals at Ernakulam and Trichur. This factor is a *sine qua non* on which the honorary system could be reared up in any place, and it is just this basic element which is wanting in this State. In the civilized countries the honorary doctors are the best products of the University who have built up a reputation and renown in their own spheres. How many of those medical men whose names are included in the list of the Association of Independent Medical Practitioners can lay claim to this qualification? Sir, it may be surprising for you to know that there are only two men in this State who possess the requisite qualification laid down for the post of the honorary physicians and surgeons in Madras, and the rest are either raw recruits in the profession or those whose implements have gone rusty in their cupboards. I say the field of recruitment is limited and devoid of the materials of the required standard, and there is no shadow of justification for the statement made in the draft.

Finally, a word about the last statement in the preamble that *the Bill is framed in a comprehensive manner so as to bring within its scope all the systems of meaicine now prevalent.* Sir, this is the coping stone under which the Bill crumbles to pieces. Is it conceivable that the State Hospitals at Ernakulam and Trichur could be conducted by a staff of honorary doctors drawn from all the opposing systems of medicine now prevalent?

Dr. A. R. Menon.—On a point of information, Sir. The gentleman has entirely misunderstood the statement. What is meant is separate institutions run by separate men possessing these qualifications under the separate systems; not in the same Hospital, all these systems together. You are mistaken, Sir.

Diwan Bahadur Dr. V. Verghese.—It was not clear from the Bill.

Dr. A. R. Menon.—It is not my fault, if you did not understand.

Diwan Bahadur Dr. V. Verghese.—This debut of this Bill in the public fondly holding in its embrace the Ayurvedic and indigenous systems is perhaps calculated to inspire popular applause. But that is the proof positive for any body of thinking men to realise that this is an ill-advised scheme, not only impracticable but fraught with confusion and chaos.

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I think I have sufficiently exposed the fallacy and incorrectness of the objects and reasons. Had the Hon'ble Member brought forward the fact that there is acute suffering on account of unemployment in the ranks of the raw graduates and private practitioners to which every one in this House is keenly alive, and brought up a Bill for medical relief for their employment, I could understand the reason of such an enterprise, but, on the contrary, the Hon'ble Member has had recourse to flippant fault-finding of well-functioning institutions to bolster up a Bill which is a fertile medium for all kinds of evils to grow and flourish unchecked.

Before I resume my seat, Sir, indulge me so far as to permit me to press upon the notice of this House another important feature of this Bill which bristles with potentialities for evil and confusion. Before entering into it, I must enlighten this House from its apprehension which is likely to arise in the minds of those reading the Bill regarding presumptions about the scope of the General Hospital, Ernakulam, in particular. These are not parochial institutions, the sphere of whose usefulness or operation is confined to any local area. This is an institution for the whole State, and it would be improper to confine it into the hands of a local authority. This is an attempt at democratisation at the top. Democratisation for stability ought to begin at the bottom.

Take the case of the body of the Governors.

President.—You need not go section after section.

Diwan Bahadur Dr. V. Verghese.—I am dealing only with the broad principles. This is an unpaid agency with untrammelled powers. Who is there in this House who cannot recall the fate of unpaid voluntary committees or councils, where party strifes and dissensions prevail, and in which meetings had to be postponed time after time for want of quorum? What happens in our Panchayat meetings, and Town Improvement Committees where business is at a standstill or obstructed by internal conflicts? I can picture to myself each honorary doctor having the support of a set of members of the Governing body and faction and rivalry ensuing in Hospitals.

Dr. A. G. Menon.—This is not the general principle but the method and working of the Board.

Diwan Bahadur Dr. V. Verghese.—This relates to the general principles. The governors of voluntary hospitals in England are the makers of the finances of the hospitals. There they are not playing with Government money. All the money required by them is raised by them.

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Dr. A. R. Menon.—By whom?

Diwn Bahadur Dr. V. Verghese.— By the Governors.

Dr. A. R. Menon.—The Governors are the representatives of the Government.

Diwan Bahadur Dr. V. Verghese.—The governing body of this Bill is put in, *nolens volens*, by nomination. It may be argued that they have a representative on the spot to carry on business—a Secretary. He is an all-powerful person in this Bill, the one who has to separate the sheep from the goats, the rich from the poor. If he is to be a salaried officer, he has to be paid well, if you want him to be above corruption. If he too is to be honorary, with all the work allotted to him in this Bill to do, then, all I can say is, that this Bill is going to be the happy precursor of a millennial age in the Cochin State. Sir, is it a practical proposition to subject 500 and odd out-patients who have crowded on a morning to a sifting process at the hands of a Secretary? When a patient presents himself, the first thing to determine is whether he is rich or poor. Is it not liable to gross abuses by which the destitute poor will be exposed to untold misery and hardship? Sir, this is the weakest part of the Bill.

I think I have said enough to convince you that the Bill as it stands is pernicious, ill-advised and unsuited to existing conditions. Employment of a few honorary physicians and surgeons is a laudable ambition which Government may sympathise with, as far as circumstances permit. But to rest possession and control of hospitals in the hands of an amateur body of governors, to legalise uncontrolled levy of fees from the hospitals by honorary doctors, all these are indefensible propositions which no sane government could countenance, and I hope, therefore, this House will not consent to a measure which, if passed, is likely to be the laughing stock of the world. (*Hear, hear.*)

President.—Mr. Salem, you have got only ten minutes more.

Mr. A. B. Salem.—It is quite sufficient. I have not risen to make a speech but to seriously bring before the House certain features connected with the introduction of this Bill.

Sir, I am second to none in my admiration of the efficiency of our present Chief Medical Officer. I yield to none in my admiration for his services to the State. (*Hear, hear.*) But I think his very existence in the Cochin State is my reason to support this Bill. He was a private medical practitioner at Ernakulam.

President.—Why do you make personal references?

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Dr. A. R. Menon.—I was very careful in not saying anything personally. But that consideration and courtesy was not shown to us, and we mean to retaliate.

Mr. A. B. Salem.—I don't mean retaliation. I am saying private practitioners of ability should be taken by the Government to man their Hospitals. We could not get a better gentleman than our present Chief Medical Officer at the time we wanted a person to man our General Hospital. Therefore, to make good private practitioners come to our town, we must have a system in our State whereby we will attract the best talents and the best products of the University to our State. If you want the best products to be attracted to a place, you must have an inducement for those persons. If this Bill is passed here, in the Cochin State, at once the best products of the University, which cannot get into salaried appointments elsewhere, will flow to Cochin State, and will be attracted to this place, so that they may get an honorary place in one of the institutions of our State. What I say is that the existence of an honorary system of medical relief by drafting qualified and well-learned men in the profession will be an attraction here, if such a system is introduced here.

President.—You are emphasising on the introduction of honorary system. You don't differ.

Mr. A. B. Salem.—Therefore, I say that part of the Bill is acceptable. Now, let us see the objections to the handing over of the General Hospital, Ernakulam, and the Civil Hospital, Trichur. I am very sorry to see that much of the Government speech upon the Bill was aimed at the five objects given in the introduction of this measure. You would have noticed, Sir, that the mover refrained himself from touching on any of those points. Those five points were not brought into prominence.

President.—But, at any rate, they appear in the statement of objects and reasons.

Mr. A. B. Salem.—I agree. When they were not adverted to in this House, I should have expected these things to be slurred over as to their merits. Simply say they are not acceptable. But much emphasis has been put upon them. I do not want to emphasise those things. The merits of the Bill in itself should be looked into, apart from the objects and reasons. Some of the objects and reasons, some of them, may not stand or all of them may not stand. That should not be the ground for not examining the new principle. (*Hear, hear.*)

Now, let me tell you, Sir, that some observations have been made here to-day that British India and other progressiv

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States have no such system. I agree. But I do not agree that there is any other State more progressive than our own State. (*Hear, hear.*) Our State has advanced much further, and is more ready for self-government in it than any other State in India or any other British province in India. I would ask you, Sir, whether, by adopting the principles of the Bill and by democratising the institution, whether it would be detrimental to public interests. That is the point we have to see. All the medical hands that we have got in our State are recruited from people here. So almost all of them are Indians and well-qualified Indians who have been in service and who have been recruited from India itself. Therefore, to say these men possess a different kind of character from those men who would be drafted into it under the honorary system would not be correct at all.

Of course, what is medical relief? What is administrative relief? Medical relief will depend upon the nature of the prescription. Nobody wants to stand in the way of the doctor. Administrative relief is what we are aiming at. We are aiming in this House to democratise our administration, and bring it up-to-date on a par with self-governing institutions.

President.—This is only the beginning of a step.

Mr. A. B. Salem.—We want to see whether we cannot democratise a particular department. Now, medical relief is eminently a field of local government. It is not true at all that the Government exercises no control whatever upon English institutions run by private agencies out of private endowments, and I think it shows an absence of political knowledge. What I want to tell you, Sir, is that there is a Minister of Health who is in charge of the portfolio of Local Self-government, Health, Sanitation and Medicine. All these subjects are in charge of a Minister in Madras. He makes rules for grant, rules for inspection, and rules to see that the drugs are properly manufactured and given so that they may not do whatever they like, whether private institutions or not. All these things are governed by law, and also administered by a Minister in charge of the subject.

President.—What do you say about the Middlesex Hospital to which, I think, reference was made?

Mr. A. B. Salem.—Even they have to come under the law of the land, and there is a Board.

President.—What sort of control has the Government over it?

Mr. A. B. Salem.—The Middlesex Hospital cannot allow a surgeon who has not passed a certain examination to go there and practice or operate.

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President.—What is the sort of control exercised by the Government over the Middlesex Hospital?

Mr. A. B. Salem.—That is what I am just telling. The control is the control of the law.

Dr. A. R. Menon.—The Government has no control.

Mr. A. B. Salem.—The Middlesex Hospital cannot entertain men to operate in it. That is under the Medical Registration Act. I don't mean that we entertain the idea that the Government should have no control. We have not brought forward that ideal. We say we want a Medical Officer in the State to advise the Government to exercise control over all the institutions. That is one of the objects of the Bill. I admit, Sir, that the Bill, as drafted, does not include in it all the idea. Therefore it is that I am for the introduction of this Bill and for its reference to a Select Committee which will make suitable modifications. I am always for examining new ideas, and it has been said that it is outside the region of practical politics. It is a stereotyped answer. Whenever we urge anything new, the Government refuses. *Festino lente.* The Government must move slowly. It is practicable to bring it into existence. So I attach no weight to the arguments that it is not within the region of practical politics. The Hon'ble mover was arguing against my Old Age Pensions Bill. I am sorry that the Bill was not examined. But I am going to look into his Bill, so that I may examine the principles of the Bill. New ideas are always welcome to me. No other legislature has introduced a Bill of this character.

President—I think we may stop. I shall give you a chance to-morrow.

The House rose for the day at 5 p. m.

T. K. KRISHNA MENON,
Secretary to the Council.

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